

**CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS
EFFECTIVE JULY 1, 2007, THROUGH JUNE 30, 2008**

(Use for eligibility determinations and for public release)

MONTHLY INCOME

Household Size	Free Rate Reimbursement	Reduced Rate Reimbursement	Paid Rate Reimbursement
1	\$1,107.00 and under	\$1,107.01 - \$1,575.00	\$1,575.01 and above
2	\$1,484.00 and under	\$1,484.01 - \$2,111.00	\$2,111.01 and above
3	\$1,861.00 and under	\$1,861.01 - \$2,648.00	\$2,648.01 and above
4	\$2,238.00 and under	\$2,238.01 - \$3,184.00	\$3,184.01 and above
5	\$2,615.00 and under	\$2,615.01 - \$3,721.00	\$3,721.01 and above
6	\$2,992.00 and under	\$2,992.01 - \$4,257.00	\$4,257.01 and above
7	\$3,369.00 and under	\$3,369.01 - \$4,794.00	\$4,794.01 and above
8	\$3,746.00 and under	\$3,746.01 - \$5,330.00	\$5,330.01 and above
For Each Additional Person, Add	+\$377.00	+\$537.00	+\$537.00